

## INTRODUCTION

- Self-expanding metal stents (SEMS) are preferred for the treatment of distal biliary obstruction (dMBO) caused by pancreatic cancer [1]
- Optimizing biliary drainage in the neoadjuvant period while patients await definitive surgical treatment is essential

## AIMS

- Compare clinical outcomes of patients who underwent fully covered (FCSEMS) versus uncovered (UCSEMS) placement for the treatment of dMBO due to locally advanced pancreatic cancer (LAPC)

## METHODS

- Retrospective, cohort study, single tertiary care center
- Consecutive patients who underwent biliary SEMS placement for treatment of dMBO in the setting of LAPC between May 2017 and May 2021
- Categorized into FCSEMS or UCSEMS cohorts based on the type of stent placed during index ERCP
- Primary outcomes:** clinical success, overall incidence of adverse events (AEs) and need for unplanned endoscopic reintervention
- Secondary outcomes:** stent patency, type of AEs, and overall survival

### KEY DEFINITIONS

Clinical success	reduction in serum bilirubin by either 33% within a week or 50% within 2 weeks of stent insertion, OR resolution of symptoms in patients with normal baseline bilirubin
Adverse events	stent-related events (migration, occlusion, maldeployment), bleeding, perforation, infection (cholecystitis, intra-abdominal infection, sepsis), and post-ERCP pancreatitis (PEP).
Unplanned reintervention	endoscopic procedure to manage stent-related AEs, including stent obstruction, stent migration, bleeding, and ulceration
Post-ERCP pancreatitis	abdominal pain typical of acute pancreatitis, serum lipase >3 times upper normal value, characteristic findings of acute pancreatitis on imaging

Figure 1. Primary outcomes

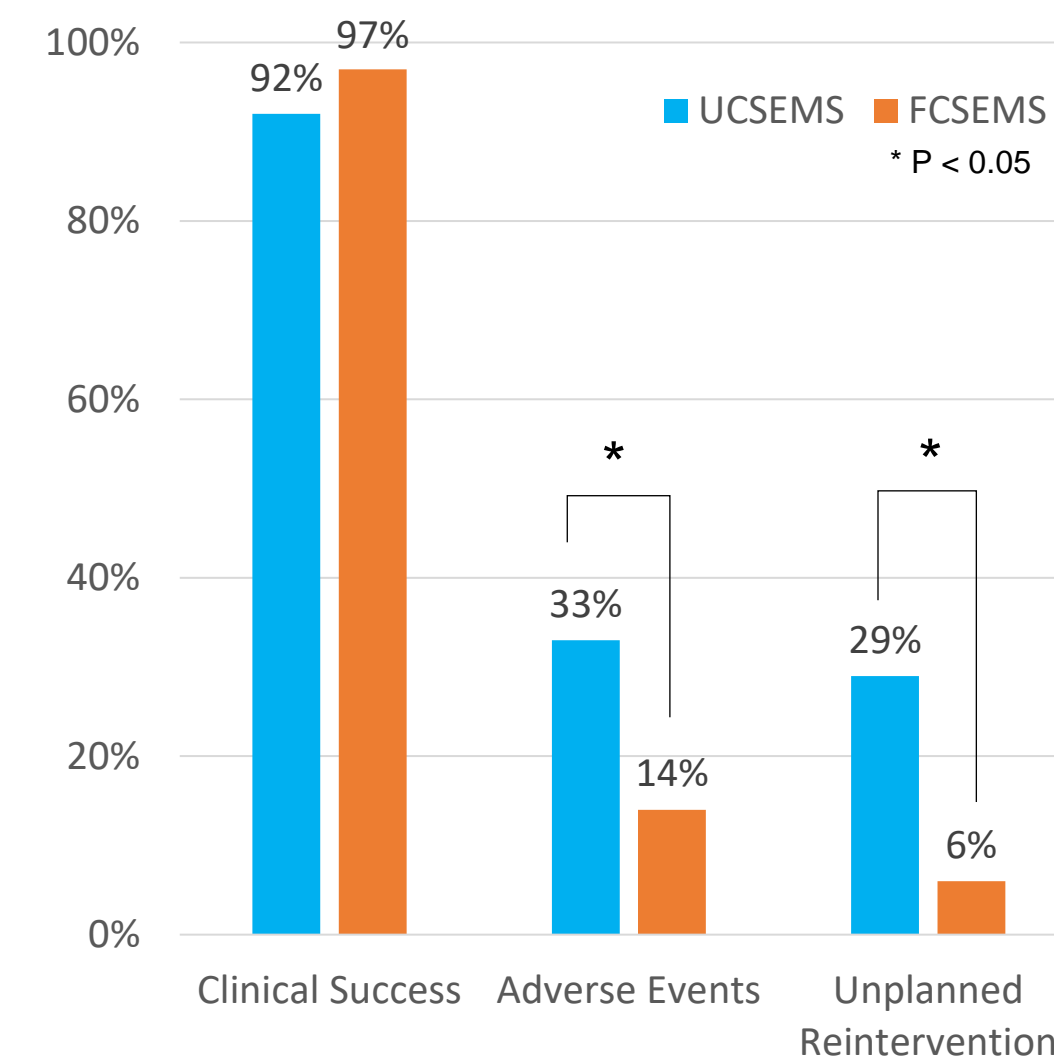


Table 1. Adverse event detail

	UCSEMS n=152	FCSEMS n=35	P Value
<b>Adverse Events</b>	50 (32.9)	5 (14.3)	<b>0.030</b>
Stent Occlusion	44 (28.9)	1 (2.9)	<b>0.001</b>
PEP	8 (5.3)	2 (5.7)	1.00
Stent Migration	3 (2.0)	2 (5.7)	0.24
Cholecystitis	1 (0.7)	0	1.00
<b>Time to unplanned reintervention (months)</b>	4.4 (3.0-5.6)	4.3 (3.6-5.1)	0.81
<b>Time to stent occlusion (months)</b>	4.4 (3.0-5.6)	5.9 (5.9-5.9)	0.73
<b>Follow up time (months)</b>	15.6 (8.8-24.6)	22.4 (8.3-27.9)	0.225
<b>Death</b>	84 (55.3)	22 (62.9)	0.41

UCSEMS uncovered self-expandable metal stent, FCSEMS fully covered self-expandable metal stent, PEP post-ERCP pancreatitis. Values are presented as median (IQR) or n (%). Fisher exact performed if for any event number < 5

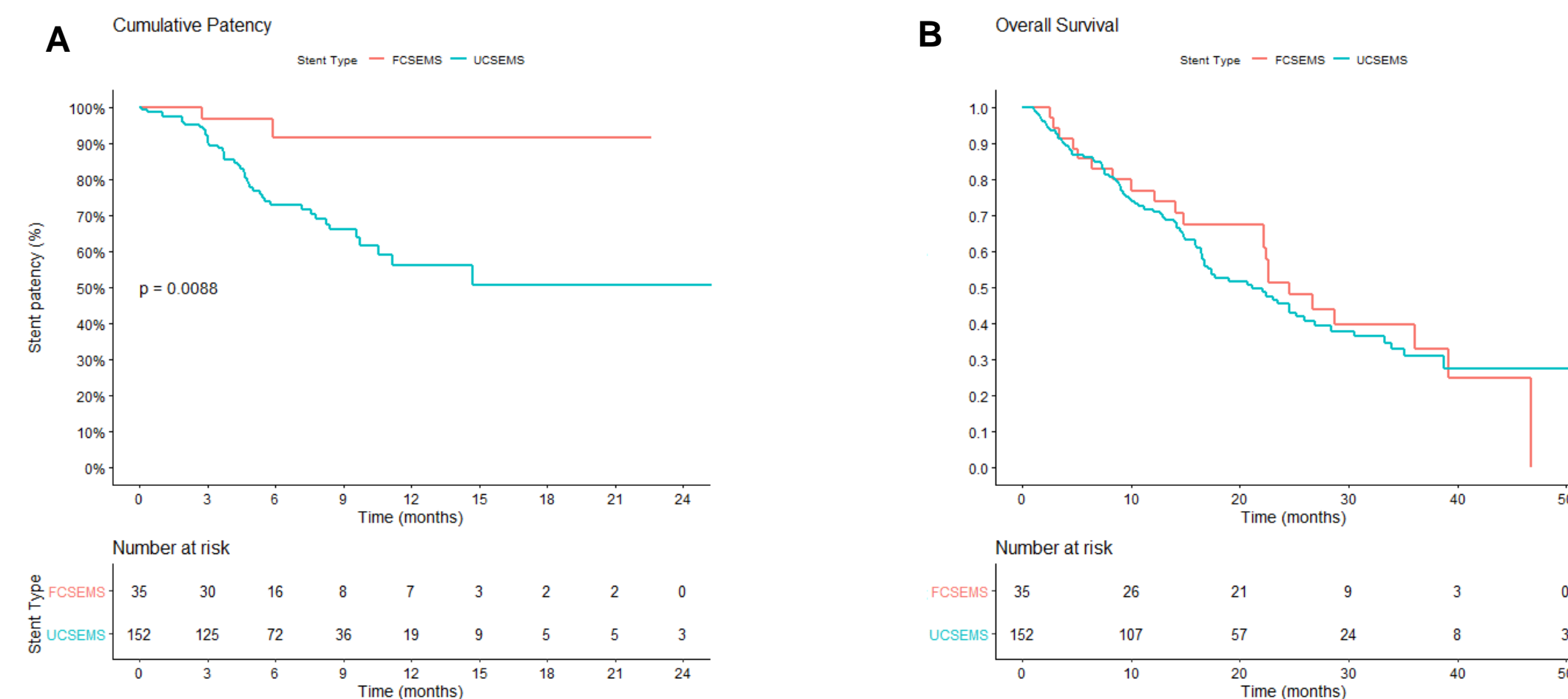


Figure 2 (A) Cumulative patency time. Patients without stent obstruction were censored at the time of surgery, last follow-up or death. (B) Overall survival

## DISCUSSION

- Similar follow up time, time to surgery, and survival between both cohorts
- FCSEMS were associated with longer patency times
- Improved patency driven by lower rates of stent occlusion
- FCSEMS required fewer unplanned intervention
- While index stent cost of an FCSEMS may be higher [2], reduced number of unplanned interventions may have potential cost implications

## CONCLUSION

- FCSEMS may be preferred to UCSEMS in the palliation of dMBO in anatomically amenable patients with LAPC
- Additional randomized studies are needed, as well as studies to evaluate cost implications

## REFERENCES

- ASGE Standards of Practice Committee, Eloubeidi MA, Decker GA, Chandrasekhara V et al. The role of endoscopy in the evaluation and management of patients with solid pancreatic neoplasia. *Gastrointest Endosc.* 2016 Jan;83(1):17-28.
- Isayama H, Komatsu Y, Tsujino T, et al. A prospective randomised study of “covered” versus “uncovered” diamond stents for the management of distal malignant biliary obstruction. *Gut* 2004;53:729-734.

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